STATE OF SOUTH CAROLINA  (Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo  Application for a Class C Charter Certificate from John Doe dba Doe's Limo  Constant	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  TRANSPORTATION COVER SHEET  DOCKET NUMBER: 20// - 44 - 7
	) If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by:	Telephone: ( <u>843</u> ) 839-1358
Address: 1376 Tranquility Lane	Fax:
Myrtle Beach, SC 29577	Other: <u>CP 540-330-8135</u>
·	Email:  places nor supplements the filing and service of pleadings or other papers
be filled out completely.	ON (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Late-Fried Exhibit  Letter
Application	Proposed Order CLERK'S OFFICE
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certification of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: _aliqu
CL	ASS C - CHARTER
Ap <sub>l</sub>	plication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
	$\frac{r}{r}$
1. 1	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
_	Wilbur L. Glascock, dba: Wilbur Taxi Service
	1376 Tranquility Lane, Myrtle Beach SC 29577
_	Street Address of Applicant
-	Mailing Address of Applicant if different from street address
	(843) 839-1258
_	Phone
-	Email Address
2.	If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)
_	
3.	Select Entity Type: (Check one)
	☐ Individual Owner/Sole Proprietorship ☐ Partnership - List names and address of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.
	Corporation - List haries and addresses of two principal officers.
	·
	$\cdot$

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### **BALANCE SHEET**

Balance at Time Application is Filed:

	Month	Year
Assets:		
Cash		200.00
Receivables	•	
Real Estate		
Buildings and Equipment (Net)		
Motor Vehicles (Net)		
Garage Equipment (Net)		
Machinery and Tools (Net)	:	
Supplies on Hand	4	
Prepaids and Other Assets	\$4   1.	
Total Assets	1,300	00
Liabilities and Equity:	;	·
Accounts Payable		
Notes Payable		
Mortgages Payable		
Equipment Obligations		
Accrued Salaries and Wages		
Other Accrued Obligations	:	
Other Liabilities		
Total Liabilities		
	·	
Capital Stock		
Retained Earnings		
Total Equity		
Total Liabilities and Equity	1 300	2.00

### PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:				
sein crag 08.6 &				
		1		
		(f)		
Counties to be Served:				
Counties to be Served:		N.		
		<i>:</i>		
			•	
aximum Number of Passengers pe	r Vehicle:			
`				

# DESCRIPTION OF EQUIPMENT

NA WE	VEAD A MODE!	NANA A	WEIGHT	SEATING
MAKE	YEAR & MODEL  ACOLO  COLONDO	VIN# 1046P24R16B 719417	<b>МРТУ</b>	CAPACITY
			and the second s	
			·····	

#### **INSURANCE QUOTE**

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:	
wilbur Glascock, Aba: wilbur Taxi Service	
Name of Motor Carrier	
1374 Tranquility Lane, Myrtle Beach, SC 29577	
Address of Motor Carrier	
Amount of Premium: Limits Quoted: (See Below)	
Liability Insurance \$ 3,039.00 Limits 25\50\25	
The above quoted premium is for a term of months.	
Minimum Limits - Intrastate Only:	
1-7 Passengers \$ 25,000/50,000/25,000	
8-15 Passengers \$ 25,000/100,000/25,000	
Canal Sus.  Name of Insurance Company	
P.O. Box 7, Mannie Office Address of Company	
l am familiar with the Commission's Rules and Regulations relating to insurance requirements at meets the minimum insurance limits prescribed. The insurance company making this quote is at South Carolina Department of Insurance to do business in South Carolina.	
Date  Date  Date  Date  Date  Authorized Insurance Company Representative's S.	ignature

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

## Exhibit FWA

	· Stance - Cook	brook Abo' w	vilhur Toxi Service
	CHIBUY L. GIG	Name	of Applicant
	• •		
			•
1.	Are there currently any ou  Yes	utstanding judgments agair No	ast the Applicant?
	If Yes, indicate nature of	judgement(s) against appl	icant.
2.	Is Applicant familiar with carrier operations in South statutes and regulations?	all statutes and regulation h South Carolina, and does	s, including safety regulations and governing for-hire motor Applicant agree to operate in compliance with these
	Q Yes	○ No	
		•	
			at a
3.		Commission's insurance re	equirements and the insurance premium costs associated
	therewith? Yes	○ No	
	<b>○</b>	<u> </u>	

# **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.			st be a minimum of 18 years of age.
	Yes	○ No	
2.	Applicant understand and such record from be maintained in the	the DMV of the stat	by of the driver's three (3) year driving record issued by the SC DMV te in which the driver is or has been domiciled for such period must soffice.
	① Yes	○ No	
3. Applicant understands that a criminal history background check from the state where the driver curr must be maintained in the Applicant's business office.			
	O Yes	○ No	
4.		n operating a charter	erating a vehicle under a Class C Charter Certificate must have in r vehicle, a valid driver's license issued by the SC DMV or the current
	O Yes	○ No	
5.	vehicles to drivers w	ho are registered, or	harter Certificate holders are prohibited from employing or leasing required to be registered, as sex offenders with the South Carolina national registry of sex offenders.
	① Yes	O No	·

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

COUNTY OF House	Wilbur S. Llascock Applicant's Signature
I, Name of Applicant's Representative	Title
of wiseres Toxi Donne	Applicant ience and Necessity as set forth in the foregoing, swear or
attituti that an statements contained in the above a	Willow J. Hastock Signature of Applicant's Representative
SWORN TO BEFORE ME This day of , 20 11	
Noted Public B. Branche	
Commission Expires 9/12/15	